



1	ACCOUNT #	FLEET #	SUPPLEMENTAL #	REG YEAR	NEW OR EXISTING ACCOUNT?
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REGISTRANT NAME		DOING BUSINESS AS		
PHYSICAL ADDRESS		MAILING ADDRESS		
CITY	STATE	MAILING CITY	STATE	
ZIP CODE	COUNTY	MAILING ZIP CODE	CONTACT NAME	
ACCOUNT DOT#	ACCOUNT F.E.I.N #	BUSINESS PHONE () -	CELL PHONE () -	

CODE KEY	
TYPE OF OPERATION EX - EXEMPT PC - PRIVATE CARRIER FH - FOR HIRE	TYPE OF FUEL D - DIESEL N - NATURAL GAS E - ELECTRIC P - PROPANE G - GAS O - OTHER HB - HYBRID H - HYDROGEN
VEHICLE TYPE BS - BUS GG - GARBAGE TRUCK TK - TRUCK TR - TRACTOR TT - TRUCK TRACTOR WR - WRECKER	DELETIONS DESTROYED OUT OF SERVICE SOLD / TRADED

T.E.A.R.
TEMPORARY EVIDENCE OF APPORTIONED REGISTRATION ACCEPTING A TEMPORARY OPERATING PERMIT MAKES YOU LIABLE FOR PAYMENT OF LICENSE FEES FROM THE ISSUE DATE THROUGH THE REMAINDER OF THE LICENSE YEAR. (X) _____ AUTHORIZED INITIALS

2	FLEET INFO	TYPE OF OPERATION	WHAT ARE YOU HAULING?	EMAIL ADDRESS
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3	DELETIONS	UNIT NUMBER	YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER	APPORTIONED PLATE NUMBER	TRANSACTION CODE
	REASON FOR DELETION						_____ DELETE VEHICLES _____ ADD VEHICLES _____ ADD / DELETE - PLATE TRANSFER _____ ADD / DELETE - NEW PLATE _____ CHANGE LEASE _____ ADDRESS CHANGE _____ OTHER (INDICATE ACTION NEEDED) _____

4	COMMERCIAL VEHICLE INFO	IF LONG TERM LEASING (31 DAYS OR MORE) TO A MOTOR CARRIER, PLACE THEIR F.E.I.N. # IN BOX 16 AND THEIR DOT # IN BOX 17, AND SUBMIT A COPY OF THE LEASE WITH THIS APPLICATION. USE THE CODE KEY FOR BOXES 5 AND 7. IN BOX 6 NUMBER OF AXLES IS REQUESTED FOR ALL VEHICLES EXCEPT BUSES. NUMBER OF SEATS IS WHAT IS NEEDED FOR BUSES.
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UNIT ONE	1	UNIT #	2	VEHICLE IDENTIFICATION NUMBER	3	YEAR	4	MAKE	5	VEHICLE TYPE	6	AXLES / SEATS	7	FUEL TYPE
	8	EMPTY WEIGHT	9	GROSS WEIGHT	10	PURCHASE PRICE	11	PURCHASE DATE	12	LEASE DATE	13	VEHICLE OWNER	14	VEHICLE OWNER PHONE # () -
	15	LEASED? <input type="checkbox"/> Y <input type="checkbox"/> N	16	COMPANY LEASED TO F.E.I.N.	17	COMPANY LEASED TO DOT #	18	WILL SAFETY RESPONSIBILITY FOR VEHICLE CHANGE DURING THE REGISTRATION YEAR? <input type="checkbox"/> Y <input type="checkbox"/> N	19	TEMPORARY REQUESTED <input type="checkbox"/> Y <input type="checkbox"/> N	20	TITLE NUMBER		

UNIT TWO	1	UNIT #	2	VEHICLE IDENTIFICATION NUMBER	3	YEAR	4	MAKE	5	VEHICLE TYPE	6	AXLES / SEATS	7	FUEL TYPE
	8	EMPTY WEIGHT	9	GROSS WEIGHT	10	PURCHASE PRICE	11	PURCHASE DATE	12	LEASE DATE	13	VEHICLE OWNER	14	VEHICLE OWNER PHONE # () -
	15	LEASED? <input type="checkbox"/> Y <input type="checkbox"/> N	16	COMPANY LEASED TO F.E.I.N.	17	COMPANY LEASED TO DOT #	18	WILL SAFETY RESPONSIBILITY FOR VEHICLE CHANGE DURING THE REGISTRATION YEAR? <input type="checkbox"/> Y <input type="checkbox"/> N	19	TEMPORARY REQUESTED <input type="checkbox"/> Y <input type="checkbox"/> N	20	TITLE NUMBER		

5	INSURANCE INFORMATION & REGISTRATION CERTIFICATION	I HEREBY STATE, UNDER THE PENALTY OF LAW, AND THE CODE OUTLINED IN CHAPTER 17A AND 17D THAT THERE IS A VALID MOTOR VEHICLE LIABILITY POLICY UPON THE VEHICLES HEREIN, IN ACCORDANCE WITH THE PROVISIONS OF THE WEST VIRGINIA MOTOR VEHICLE CODE. FURTHERMORE, I CLAIM THAT I AM KNOWLEDGEABLE OF THE MOTOR CARRIER SAFETY REGULATIONS AND HAZARDOUS MATERIAL REGULATIONS.	(X) _____ AUTHORIZED SIGNATURE
	INSURANCE COMPANY	POLICY NUMBER	NAIC NUMBER

6	NOTES	
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